

117TH CONGRESS
1ST SESSION

H. R. 1670

To amend the Foreign Assistance Act of 1961 to authorize the use of funds for comprehensive reproductive health care services, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MARCH 9, 2021

Ms. SCHAKOWSKY (for herself, Ms. ADAMS, Mr. AGUILAR, Mr. AUCHINCLOSS, Ms. BARRAGÁN, Ms. BASS, Mr. BERA, Mr. BEYER, Mr. BLUMENAUER, Ms. BLUNT ROCHESTER, Ms. BONAMICI, Mr. BOWMAN, Mr. BROWN, Ms. BROWNLEY, Ms. BUSH, Mr. CARBAJAL, Mr. CÁRDENAS, Mr. CARSON, Mr. CARTWRIGHT, Mr. CASE, Mr. CASTEN, Ms. CASTOR of Florida, Mr. CASTRO of Texas, Ms. CHU, Mr. CICILLINE, Ms. CLARK of Massachusetts, Ms. CLARKE of New York, Mr. COHEN, Mr. CONNOLLY, Mr. CRIST, Mr. CROW, Mr. DANNY K. DAVIS of Illinois, Ms. DEAN, Mr. DEFazio, Ms. DELAURO, Ms. DELBENE, Mr. DEUTCH, Mr. DOGGETT, Ms. ESCOBAR, Ms. ESHOO, Mr. ESPAILLAT, Mrs. FLETCHER, Mr. FOSTER, Ms. LOIS FRANKEL of Florida, Mr. GALLEGOS, Ms. GARCIA of Texas, Mr. GARCÍA of Illinois, Mr. GOMEZ, Mr. GREEN of Texas, Mr. GRIJALVA, Mr. HASTINGS, Mrs. HAYES, Mr. HIGGINS of New York, Mr. HIMES, Mr. HORSFORD, Mr. HUFFMAN, Ms. JACKSON LEE, Ms. JACOBS of California, Ms. JAYAPAL, Mr. JOHNSON of Georgia, Ms. JOHNSON of Texas, Mr. JONES, Mr. KAHELE, Ms. KAPTUR, Mr. KEATING, Mr. KHANNA, Mr. KILDEE, Mr. KILMER, Mrs. KIRKPATRICK, Mr. KRISHNAMOORTHI, Ms. KUSTER, Mr. LARSEN of Washington, Mrs. LAWRENCE, Mr. LAWSON of Florida, Ms. LEGER FERNANDEZ, Mr. LEVIN of Michigan, Mr. LEVIN of California, Mr. LIEU, Mr. LOWENTHAL, Mrs. CAROLYN B. MALONEY of New York, Mr. SEAN PATRICK MALONEY of New York, Ms. MANNING, Ms. MATSUI, Ms. MCCOLLUM, Mr. McGOVERN, Mr. MCNERNEY, Ms. MENG, Ms. MOORE of Wisconsin, Mr. MORELLE, Mr. MOULTON, Mr. NADLER, Mrs. NAPOLITANO, Mr. NEGUSE, Ms. NEWMAN, Ms. NORTON, Ms. OCASIO-CORTEZ, Ms. OMAR, Mr. PALLONE, Mr. PANETTA, Mr. PAYNE, Mr. PERLMUTTER, Ms. PINGREE, Mr. POCAN, Ms. PORTER, Mr. PRICE of North Carolina, Mr. QUIGLEY, Mr. RASKIN, Miss RICE of New York, Ms. ROSS, Ms. SÁNCHEZ, Mr. SARBANES, Ms. SCANLON, Mr. SCHIFF, Ms. SCHRIER, Mr. DAVID SCOTT of Georgia, Mr. SHERMAN, Mr. SIRES, Mr. SMITH of Washington, Mr. SOTO, Mr. TAKANO, Ms. TITUS, Ms. TLAIB, Mr. TORRES of New York, Mrs. TRAHAN, Mr. TRONE, Mr. VARGAS, Mr. VEASEY, Ms. VELÁZQUEZ, Ms. WASSERMAN SCHULTZ, Mrs.

WATSON COLEMAN, Mr. WELCH, Ms. WEXTON, Ms. WILD, Ms. WILLIAMS of Georgia, Ms. WILSON of Florida, Mrs. TORRES of California, Ms. PRESSLEY, Ms. LEE of California, Ms. SPEIER, Ms. DEGETTE, and Ms. STRICKLAND) introduced the following bill; which was referred to the Committee on Foreign Affairs

A BILL

To amend the Foreign Assistance Act of 1961 to authorize the use of funds for comprehensive reproductive health care services, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Abortion is Health
5 Care Everywhere Act of 2021”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

8 (1) Abortion is a critical component of sexual
9 and reproductive health care and should be acces-
10 sible and affordable for all people.

11 (2) All people have the right to make their own
12 choices about their sexual and reproductive health,
13 and to access quality and affordable sexual and re-
14 productive health care. International agreements
15 have recognized reproductive rights for over 25
16 years, and the 2015 Sustainable Development Goals

1 reiterated the centrality of reproductive rights to
2 gender equality.

3 (3) Studies have repeatedly demonstrated that
4 when people, including young women and adolescent
5 girls, gender non-conforming individuals, and
6 transgender men, are able to control their reproduc-
7 tive lives, there are enormous social and economic
8 benefits—not just for the individual and their fam-
9 ily, but for entire communities. Countries that
10 prioritize reproductive health, rights, and justice and
11 human rights are more likely to have better overall
12 health throughout.

13 (4) Health system cost is reduced when abor-
14 tion is widely available and integrated with other
15 types of health care.

16 (5) Without access to safe abortion care, people
17 risk their lives to end their pregnancies. At least
18 24,100 people in low- and middle-income countries
19 die every year from complications from unsafe abor-
20 tion.

21 (6) Ninety-seven percent of unsafe abortions
22 occur in developing countries in Africa, Asia, and
23 Latin America. In low- and middle-income countries,
24 the annual cost of post-abortion care for all who
25 need it would be \$4 billion. The majority of this cost

1 is attributed to treating complications from abor-
2 tions provided in unsafe conditions.

3 (7) Restricting abortion does not reduce either
4 the need for or number of abortions. Abortion rates
5 are similar in countries where it is highly restricted
6 by law and where it is broadly legal.

7 (8) When abortions are performed in accord-
8 ance with World Health Organization (WHO) guide-
9 lines and standards, there is minimal risk of severe
10 complications or death.

11 (9) As part of their commitment to prevent un-
12 safe abortions and preventable deaths and ensure all
13 people have access to comprehensive sexual and re-
14 productive health care and can exercise their right to
15 full control over their sexuality and reproduction, de-
16 veloping countries and donor governments must
17 work collaboratively to deploy funding, align policies,
18 and mobilize expertise to make safe abortion services
19 available to those seeking to terminate pregnancies.

20 (10) United States law restricting United
21 States foreign assistance funding from being used to
22 provide safe abortion services has the effect of harm-
23 ing people who seek to terminate their pregnancies
24 in several ways, including by blocking access to serv-
25 ices and erecting barriers to providers obtaining the

1 training and equipment needed to deliver care to
2 those in need.

3 (11) Since section 104(f)(1) of the Foreign As-
4 sistance Act of 1961 (22 U.S.C. 2151b(f)(1)) (com-
5 monly referred to as the “Helms amendment”) was
6 enacted in 1973, dozens of governments across the
7 globe have liberalized abortion laws and policies.

8 (12) In countries where the United States sup-
9 ports family planning and reproductive health care
10 and in which abortion is legal on at least some
11 grounds, support for safe abortion could avert over
12 19 million unsafe abortions and 17,000 maternal
13 deaths each year.

14 SEC. 3. STATEMENT OF POLICY.

15 The following shall be the policy of the United States
16 Government:

17 (1) Safe abortion is a critical component of
18 comprehensive maternal and reproductive health
19 care and should be included as part of foreign assist-
20 ance programs funded by the United States Govern-
21 ment.

22 (2) Safe abortion is to be made widely available
23 and integrated with other types of health care.

24 (3) The United States Government should work
25 to end unsafe abortion and promote safe abortion

1 services by providing funding and collaborating with
2 affected governments and service providers to pro-
3 vide training, commodities and equipment, and ac-
4 cess to safe abortion services.

5 **SEC. 4. USE OF FUNDS FOR COMPREHENSIVE REPRODUC-**
6 **TIVE HEALTH CARE SERVICES.**

7 Section 104 of the Foreign Assistance Act of 1961
8 (22 U.S.C. 2151b) is amended—

9 (1) in subsection (f)—

10 (A) by striking paragraph (1); and
11 (B) by redesignating paragraphs (2) and
12 (3) as paragraphs (1) and (2), respectively;
13 (2) by redesignating subsection (g) as sub-
14 section (h); and

15 (3) by inserting after subsection (f), as amend-
16 ed, the following:

17 “(g) USE OF FUNDS FOR COMPREHENSIVE REPRO-
18 DUCTIVE HEALTH CARE SERVICES.—Notwithstanding
19 any other provision of law, funds made available to carry
20 out this part may be used to provide comprehensive repro-
21 ductive health care services, including abortion services,
22 training, and equipment.”.

